

Family Choices

Family Choices is the *KyHealth Choices* plan for most children. This plan covers basic medical services. Kentucky Children's Health Insurance Program (KCHIP) is part of the Family Choices Plan. This is not a complete list of services. If a service is not listed, there is no co-pay. Some service limits can be increased if the service is medically necessary (requires prior approval).

Call *KyHealth Choices* at 1-800-635-2570 with questions about your benefits or visit the website at <https://kyhealthchoices.fhsc.com>.

Some people covered by *KyHealth Choices* never have to pay co-pays. These people include:

- Non-KCHIP Children
- Children under 19 years old who are in foster care
- Pregnant women
- Hospice care patients
- Personal Care or Family Care Home

Co-pays cannot be more than 5% of a family's income per quarter

Family Choices		
Benefit/Service	K-CHIP Children Co-pays	Service Limits
Medical Out-of-Pocket Maximum	\$225 per calendar year (January – December)	
Pharmacy Out-of-Pocket Maximum *	\$225 per calendar year (January – December)	See prescription drug benefits
Acute Inpatient Hospital Services		
Laboratory, Diagnostic and Radiology Services		
Out-patient Hospital / Ambulatory Surgical Centers		
Physician Office Services **		
Behavioral Health Services ***		
Allergy Services	\$2 co-pay for office visit and testing	Shots and allergy treatments limited to children under 21
Preventive Services		
Emergency Ambulance		
Dental Services		<ul style="list-style-type: none"> • Children under 21, to include: <ul style="list-style-type: none"> - 2 cleanings per 12-month period - Extractions - 1 set of x-rays per 12-month period - Other dental services are available.
Family Planning		
Occupational Therapy		At an approved setting
Physical Therapy		At an approved setting

Family Choices		
Benefit/Service	K-CHIP Children Co-pays	Service Limits
Speech Therapy		At an approved setting
Hospice (non-institutional)		
Non-Emergency Transportation		Only to a <i>KyHealth Choices</i> -approved medical service, not to pick up prescriptions (KCHIP III children who pay a monthly premium are not eligible for non-emergency transportation)
Chiropractic Services		Limited to 26 visits 12-month period
Prescription Drugs (For Members who do NOT have Medicare Part D)	<ul style="list-style-type: none"> • \$1 generic • \$2 preferred • \$3 non-preferred brand 	<ul style="list-style-type: none"> • For adults 21 and over, limited to 4 prescriptions per month with a maximum of 3 brand names • These limits do not apply to children under 19 • Insulin is excluded from the 4-prescription limit • Ask your doctor or pharmacist about exceptions for medical conditions or certain drugs
Emergency Room	5% co-insurance for non-emergency visits not to exceed \$6 per visit	See Emergency Room section of this handbook
Hearing Aids		<ul style="list-style-type: none"> • Limited to children under 21 • Not to exceed \$800 per ear every 36 months
Audiometric Services		One audiologist visit per calendar year
Vision Services		<ul style="list-style-type: none"> • Eyewear limited to children under 21 • \$400 limit per calendar year. Maximum paid for one pair of glasses is \$150 • Children limited to 1 eye exam per calendar year
Prosthetic Devices		\$1500 maximum per calendar year
Home Health Services		Limited to 25 visits per calendar year
Durable Medical Equipment (DME)		
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		Limited to children under 21. (KCHIP III children who pay a monthly premium are not eligible for EPSDT Special Services.)

Family Choices		
Benefit/Service	K-CHIP Children Co-pays	Service Limits
Substance Abuse		EPSDT and pregnant women only. (KCHIP III Children who pay a monthly premium are not eligible for EPSDT Special Services)
Podiatry		
Maternity Services <ul style="list-style-type: none"> • Nurse mid-wife services • Pregnancy-related services • Services for other conditions that might complicate pregnancy • 60 days postpartum pregnancy-related services 		

- The Kentucky Medicaid Pharmacy Program allows pharmacy providers to dispense a 93-day supply or 100-dosage units, whichever is greater, of selected medications. If you have questions about which medications may be dispensed as a 93-day supply or 100-dosage units, check with your pharmacist.

****** ‘Physician Office Services’ includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC’s), rural health clinics (RHC’s), primary care centers (PCC’s), and physician assistants.

******* ‘Behavioral Health Services’ include mental health rehab/stabilization, behavioral support, psychological services, and inpatient psychiatric services.